AMENDMENT TRANSMITTAL FORM

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

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Customer No.: 23696 Attorney Docket No.: 010427

In Re Application of: SAMIR S. SOLIMAN

Serial Number: 09/965,341 Filed: 09/27/2001

Examiner: YUWEN PAN **Group Art Unit: 2682**

Dear Sir:

		TOENER				
Transmitted here	with for filing is a R	esponse to C	Office A	Action in the abo	ve identified application	RECEIVED
1. A Petition for Extension of Time: (3) month(s) is hereby requested.						
 Information Disclosure Statement (IDS): a. PTO-1449 						
b. Copies of IDS Citations (number of citations:					Technology Center 2600	
3. ☐ Change of 4. ☐ Other:	Attorney's Address	in Applicati	on.			
	(a) Number	(b) High	est	(c)		
CI ADAG	Remaining After	Numbe	er	Extra	I and Patientia	P P-14
CLAIMS	Amendment	Previously Paid For		Claims	Large Entity Fee	Fee Paid
Total*	19	20		0	x \$18 =	\$0.00
Independent**	5	6		0	x \$86 =	\$0.00
Multiple Dependent Claim(s): Yes No					\$290	\$0.00
One Month				\$110	\$0.00	
EXTENSION FEES			☐ Two Months		\$420	\$0.00
			☐ Three Months		\$950	\$950.00
INFORMATION DISCLOSURE				fter First fice Action	\$180	\$0.00
STATEMENT			After Final Office Action		\$130	\$0.00
TERMINAL DISCLAIMER					\$110	\$0.00
*If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c.					TOTAL FEE	\$950.00
					n and/or extension fees.	050.00
					orporated the amount of \$ additional fees which may	
					te of this sheet is enclosed	
					eposit Account No. 17-00 leposit Account No.	
to 37 CFF	R 1.18 inclusive, for	the entire pe	ndency	of this applicati	on without specific addition	onal authorization.
Date: 1	2/05/2003			Signature:	Emil Mad	id
					Erin P. Madill, Reg. No. 46,893 (858) 658-2598	
CONTROLATING HIGH HIGH ((030) 030-2398	

(TRANSAMD.VER1.7-1/17/2001)